EXHIBIT C

			_			
United States Bankruptcy Court	United States Bankruptcy Court District of Nevada					
Name of Dehtor	Case 1	Number			PROOF OF CLAIM	
USA Commercial Mortsage			or	725-LBR		
NOTE: This form should not be used to make a claim for an adminis						
of the case. A "request" for payment of an administrative expense ma						
Name of Creditor (The person or other entity to whom the	1 1 1		-	u are aware that anyone		
debior owes money or property): Gerry Topp, a married man dealing withins	clse h	has filed	d a pr	proof of claim relating to		
macried man dealing withhis		r claim. A ng particui		sch copy of statement s.		
Sole + separate property				s. u have never received any	10	
Name and address where notices should be sent:				bankruptcy court in this		
berry lopp River St.	case.				1	
Gerry Topp 10745 W. River St. Trucker, CA 96161				address differs from the nvelope sent to you by		
Telephone number:	the co		č U	verope sent to you by	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor	Check	ck here	_	replaces		
identifies debtor:	if this	is claim		amends a previously fi	filed claim, dated:	
1. Basis for Claim		R/	etire	ee benefits as defined in	n 11 U.S.C. § 1114(a)	
Goods sold	7	☐ w	Vages	es, salaries, and compen	nsation (fill out below)	
Services performed				four digits of your SS #		
Money loaned			•	aid compensation for se	rvices performed	
Personal injury/wrongful death Taxes So So Taylor Land		fre	om,	(4)	_ to	
Other See Exhibit /4				(datc)	(date)	
2. Date debt was incurred:	3.	If cou	rt j	udgment, date obtaine	ed:	
Oct. 2001						
4. Classification of Claim. Check the appropriate box or boxes th	nat best desc	ribe you	ar cl	aim and state the amou-	nt of the claim at the time case file	
See reverse side for important explanations.				Claim	***	
Unsecured Nonpriority Claim \$ 260, 703,10		DY.				
Check this box if: a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) is	ır claim, or	a right	it of	eck this box if your claim setoff).	n is secured by collateral (including	
 b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority. 	none or					
		_		ef Description of Collate Real Estate Motor		
Unsecured Priority Claim				ue of Collateral: \$		
Check this box if you have an unsecured claim, all or part of we entitled to priority.	which is				•	
entitled to priority.		Amour	nt or	f arrearage and other ch	narges at time case filed included in	
Amount entitled to priority \$	l	secure	d cı	laim, if any: \$ 4,2	3/,80	
Specify the priority of the claim:					ourchase, lease, or rental of property	
Domestic support obligations under 11 U.S.C. & 507(a)(1)(A) or	0	or service	ces fo	for personal, family, or h	household tise - 11 U.S.C.	
(a)(1)(B)		§ 507(a)(
Wages, salaries, or commissions (up to \$10,000),* carned within	in 180 🗀				mental units - 11 U.S.C. § 507(a)(8).	
days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U.S.C. § 507(a)(4).	tor's 📖 🤇				ph of 11 U.S.C. § 507(a)().	
					4/1/07 and every 3 years thereafter	
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)	1)(3).				n or after the date of adjustment.	
5. Total Amount of Claim at Time Case Filed:	\$2			3,10 260,703,10		
Check this box if claim includes interest or other charges in add interest or additional charges.	lition to the	(unaccure principa		(secured) mount of the claim. Atta	(priority) (Total) tach itemized statement of all	
6. Credits: The amount of all payments on this claim has been	credited ar	ad deduc	rted	for the nurpose of	THIS SPACE IS FOR COURT USE ONLY	
making this proof of claim.	UI-G	U 44		tor the purpose	THIS SPACE IS FOR COURT ONE CHAR	
7. Supporting Documents: Attach copies of supporting docume	ents, such a	s promis	*sor	v notes, purchase		
orders, invoices, itemized statements of running accounts, contra	acts, court ju	udgments	ts, m	nortgages, security		
agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the						
documents are not available, explain. If the documents are voluminous, attach a summary.						
 Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self- addressed envelope and copy of this proof of claim. 						
Date Sign and print the name and title, if any, of the creditor or other person authorized to						
file this claim (attach copy of power of attorn	mey, if any)):	pe	MI MUNICIPAL IO		
1/19/09 11				1		
11/1 Dung long	-					

		06-107		oc 9078	-3 En	tered 09/1	5/11 16	:20:24 F	Page 3 of 9
* UM	ITED STAT	es banki	UPTCY COUR	Ť	PRO	OF OF C	LAIM		
	DIST	rac i of N	EVADA	,					
Name of Do	htor	 			Case Nu	mber		}	
USA Com	mercral	Nuctag	igelompar	14		10725	1720	!	
and a	Fil xt	ed d	ebtors	3		elatedca		} 	
		<u> </u>	and Case Numbe	rs	Cita				
This form shou	ild not be use	d to make a	daım for an admıı	nistrative exp	ense	Check box if aware that anyone			
			ase A 'request' suant to 11 U.S.C.		or an	filed a proof of cla	um relating to		
Name of C	reditor and	d Address				your claim Attact statement giving p		Ì	
Penso	ctrust	Calac	., FBO ROC	BERT W.	, him	Check box if	vou houe	}	
						never received an	y notices		Tue page of a linear .
4141	ho (nin	a glori	fica.			from the bankrupt BMC Group in the		SECURED INTI	THIS PROOF OF CLAIM FOR A EREST IN A BORROWER THAT IS NO
St	Mary	5, 61	31558			Check box if		ONE OF THE D	NEBTORS Already filed a proof of claim with the
	ر				į	differs from the ac envelope sent to y		, ,	art or BMC you do not need to file again
Creditor Telep	hone Number	P14 6	13-002	0		court.	-	THIS SPA	CE IS FOR COURT USE ONLY
Last four digits	of account o	r other numb	er by which credit	tor identifies	debtor	Check here	replac	ces	sky filod olaym dated
3748	}					if this claim	amen amen		sly filed claim dated Etheriant to amen
1 BASIS FOR	CLAIM				Retiree b	enefits as define	ed in 11 U S	C § 1114(a)	Unremitted principal
Goods so	old	Perso	nal injury/wrongfu	l death	Waqes s	alanes, and com	pensation (fill out below)	Other claims against service
Services	performed	Taxes		يب ا	_	digits of your SS			(not for loan balances)
Money lo	aned	Other	(describe bnefly)	. ^ .	Unpaid c	ompensation for	services pe	rformed from	0001,2003 to ONGOING
False Rep		n Negl	gence. He	ach of Fic	uciacy	duty/36	ATTACH	<u>(1)</u>	(date) (date)
	WAS INCU	RRED Char	K the appropriate bo	OUTIVITY (3 IF CO	DURT JUDGMEI	NT, DATE C	BTAINED	t the time care filed
	ide for importa			X Of DOXES BHE	L Deal Gesch			union me Ciennia	it the unite case med
UNSECURED				00		SECURED		nur cisim ie eac	tured by collateral (including
Check this	box if a) there	is no colletera	l or lien securing you ng it, or if c) none or	urclaim or b)	your claim		of setoff)	JOI CIDITIS IS SCO	died by Chateral (including
entitled to						ļ	escription of	collateral	
UNSECURED		***				Rea	i Estate	Motor Vehic	ole Other
entitled to	_	an unsecured	claim all or part of	WINCH IS		√ Value o	of Collateral	s 7(5,000
Amount en	titled to priority	\$				Amount of a	апеагаое аг		s at time case filed included in
Specify the	priority of the	claım		_		secured cla	im if any	s Contin	gent
Domestic s	support obligate	ons under 11 l	J S C § 507(a)(1)(A)) or (a)(1)(B)		Up to \$2 225* of	deposits towe	ard purchase lea	se or rental of property or
			\$10 000)* earned w			•			11 U S C § 507(a)(7)
	ynichever is ea		cessation of the del § 507(a)(4)	DICT \$	片				11 U S C § 507(a)(8)
Contributio	ns to an emplo	yee benefit pla	n 11 USC § 507	'(a)(5)	لبا				C § 507(a) () and every 3 years thereafter
						with respect to ca	ses commen	ced on or after th	e date of adjustment
5. TOTAL AM	DUNT OF CL ASE FILED	AIM \$ (intingen	\$	unliqu		2 CI	aim	<u> </u>
./			(unsecured)		•	ecured)		(pnonty)	(Total)
									of all interest or additional charges
t			nts on this claim h			-			
7 SUPPORT	counts contra	MENIS <u>At</u> icts court auc	t <u>ach copies of sup</u> Igments, mortgage	oporting docu es security a	i <i>ment</i> s, sui areements	ch as promissory and evidence o	notes purc of perfection	hase orders in of lien DO No	ivoices itemized statements of OT SEND ORIGINAL
DOCUMEN	TS If the do	cuments are	not available exp	olain if the d	ocuments	are voluminous	attach a sun	nmary	
8 DATE-STA proof of cia		PY To rec	erve an acknowled	dgment of the	e filing of yo	our claim enclos	e a stamped	l self-addresse	ed envelope and copy of this
			f of claim form n						THIS SPACE FOR COURT
1	•	_	ceived on or befo undividuals par	-				,	USE ONLY
governmer	ntal units)	-, (e.vioueio pai		·	•			
BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO FILED NOV 0 6 2006									
Afth USAC	M Claims Do 11	cketing Cent	er			CM Claims Docki Franklin Avenue	~	-	
-	CA 90245 0			. 0	El Segund	o CA 90245			J
DATE	1		on the name and the			other person autho	vized to file		USA CMC
11/01	2006		aith (attach sopy of)	1 0					1072501043
	2000		18 1.10 VV	1 m					10/2007410

3M B10 (Official Form 10) (10/05)

UNITED STAILS BANKRUPICY COURT	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma		
Name of Creditor (The person or other entity to whom the debtor owes money of property) Robert W Ulm, an unmarried man	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars	
Name and address where notices should be sent Robert W Ulm 414 Morning Glory Road	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the	
St Marys GA 31558 Telephone number 912-673-6020 Last four digits of account or other number by which creditor	address on the envelope sent to you by the court Check here replaces	This Space is for Court Use Only
identifies debtor 3748		ed claim dated
Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other	Retiree benefits as defined in I Wages salaries and compensa Last four digits of your SS # _ Unpaid compensation for serve fromt WORY DNTY FRWN (date)	ation (fill out below)
2. Date debt was incurred 02/02/04 and subsequent	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$_Unknown ✓ Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim ☐ Check this box if you have an unsecured claim all or part of wentitled to priority Amount entitled to priority \$ Specify the priority of the claim ☐ Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) ☐ Wages salaries or commissions (up to \$10 000),* earned within days before filing of the bankrupicy petition or cessation of the debt business whichever is earlier 11 U S C \$ 507(a)(4) ☐ Contributions to an employee benefit plan - 11 U S C \$ 507(a) 5 Total Amount of Claim at Time Case Filed ☐ Check this box if claim includes interest or other charges in additional charges	Secured Claim Trelaim, or none or Brief Description of Collatera Value of Collateral \$ Unl Amount of arrearage and other charges are claim if any \$ Unknown Up to \$2 225* of deposits toward purpor services for personal family or how \$ 507(a)(7) Taxes or penalties owed to government or \$ *Amounts are subject to adjustment on 4/1 with respect to cases commenced on or (secured) (in secured) (secured) (for secured)	s secured by collateral (including of the collateral collateral) Vehicle Other————————————————————————————————————
 Credits The amount of all payments on this claim has been making this proof of claim Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contral agreements and evidence of perfection of lien. DO NOT SEN documents are not available explain. If the documents are voluing addressed envelope and copy of this proof of claim. Date Stamped Copy To receive an acknowledgment of the final difference of the proof of claim. Date Sign and print the name and title, if any of the file this claim (attach copy of power or attornament). 	tents, such as promissory notes purchase acts court judgments mortgages security iD ORIGINAL DOCUMENTS If the iminous attach a summary illing of your claim enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY B JAN 11 2007 USA CMC
01/08/06		1072502089

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	Dı	STRIC	1 0	Neva	ia	PROOF OF CLAIM
Name of Dubtor LISA Commercial Mortgage Company Case Number 06-10725-LBR				PROOF OF CLAIM		
USA Commercial Mortgage Company 06-10725-LBR						
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC \$ 503						ıt .
					·	
Name of Creditor (The person or other entity to whom the dubtor owes money or property).	Ch els	eck bo e has fi	x if y iled a	ou are awa	are that anyone claim relating to	
dcbtor owcs money or property) Weible 1981 Trust Dated 6/30/81 C/O Ardis Weible & Dean F Weible Co-Trustees	yo		n Ai	ttach copy	of statement	
		٠.			ever received ai	nv
Name and address where notices should be sent Ardis Weible		tices fro			otcy court in the	
6314 Tara Ave Las Vegas, NV 89146		eck box			differs from the	e
Telephone number 702-876-1094	1	dress or court	n the	envelope :	sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Ch	eck her		replaces		10/10/0006
identifies debior	ıf t	his clai	m	amends	a previously	filed claim dated 12/12/20%
1 Basis for Claim		Ц				n 11 U S C § 1114(a)
Goods sold Services performed		Ш	Las	ges salari it four dig	es and compe its of your SS	nsation (fill out below) #
✓ Money loaned			Unj	paid comp	ensation for se	ervices performed
Personal injury/wrongful death Taxes			froi		(date)	to(date)
Other See Exhibit A					(date)	(date)
2 Date debt was incurred 6/15/2004	3.	If c	ourt	judgmen	ıt, date obtain	ned
4 Classification of Claim. Check the appropriate box or boxes th	at best de	senbe y	your	claim and	state the amou	int of the claim at the time case file
See reverse side for important explanations Unsecured Nonpriority Claim \$ 277,838 39				d Claim		
Check this box if a) there is no collateral or lien securing you	roleum o		, c	heck this t	ox if your clair	m is secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	none or	' an	gnt	of setoff)		
		-	B L	rief Descri Real Esi	iption of Collat	teral or Vehicle Other
Unsecured Priority Claim			V:	alue of Co	<u> </u>	unknown
Check this box if you have an unsecured claim all or part of we entitled to priority	vnich is	Am	oun	t of arreara	nge and other cl	harges at time case filed included in
Amount entitled to priority \$					any \$ 3,784	
Specify the priority of the claim	П	Up to	\$2.2	225* of de	posits toward p	purchase lease or rental of property
Domestic support obligations under 11 USC \$ 507(a)(1)(A) o	r —	or ser § 507	vice 7(a)(s for perso 7)	onal family or	household use - 11 USC
(a)(1)(B)	П				wed to governn	nental units 11 USC § 507(a)(8)
Wages salaries or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debte	n 180					ph of 11 U S C § 507(a)()
business whichever is earlier 11 USC § 507(a)(4)	*A.	mounts	are	subject to	adjustment on	4/1/07 and every 3 years thereafter n or after the date of adjustment
Contributions to an employee benefit plan - 11 U S € § 507(a						
5 Total Amount of Claim at Time Case Filed	•	277, (unse	cured		77.838.39 _ (secured)	(priority) 277,838 39 (Total)
Check this box if claim includes interest or other charges in add interest or additional charges	lition to th	ne princ	cıpal	amount o	f the claim At	tach itemized statement of all
6 Credits The amount of all payments on this claim has been	credited:	and dec	ducte	ed for the	purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim 7 Supporting Documents Attack comes of supporting documents.	ante euch	ac proj	75 100	oru rotae	aurahasa	
orders invoices itemized statements of running accounts contracts court judgments mortgages security FD JAN 17 2007						
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary						
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-						
addressed envelope and copy of this proof of claim						
Date Sign and print the name and title if any, of the file this claim (attach copy of power of attor	he credito ney if an	r or oth y)	her p	erson auth	norized to	
1/12/07	- J - 1. W.I.	• /			,	USA CMC

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM				
			YOUR CLAIM IS SCHEDULED AS		
Name of Debtor	Case Number		Schedule/Claim ID s32651		
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classification		
			\$28 804 73 Unsecured		
NOTE See Reverse for List of Debtors and Case Numbers		_			
This form should not be used to make a claim for an administrative exp		Check box if you are aware that anyone else has			
arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	oi an	filed a proof of claim relating	The amounts reflected above constitute your claim as		
Name of Creditor and Address WOOD FAMILY TRUST DATED 9/29/98 C/O TINA KL LOW WOOD TRUSTEE	01737	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have n other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingen.		
7195 LIGHTHOUSE LN RENO NV 89511 1022		BMC Group in this case	Unliquidated or Disputed, a proof of claim must be filed		
		Check box if this address differs from the address on the	If you have already filed a proof of claim with the		
		envelope sent to you by the	Bankruptcy Court or BMC you do not need to file again		
Creditor Telephone Number (+75852-2333(H)/(775)348-86		court	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies Client 1D 13 13	debtor	Check here repla of this claim amer	a previously filed claim dated		
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a) Unremitted principal		
Goods sold Personal injury/wrongful death		salaries and compensation			
Services performed Taxes	_	r digits of your SS #	(not for loan balances)		
Money loaned		compensation for services pe	rformed from to		
		· · · · · · · · · · · · · · · · · · ·	(date) (date)		
2 DATE DEBT WAS INCURRED FEBRUARY 1 2006		OURT JUDGMENT, DATE O			
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	Dest descrit		nt or the claim at the time case filed		
UNSECURED NONPRIORITY CLAIM \$ 79,522,36		SECURED CLAIM	and the second by a shakeral (walted as		
Check this box if a) there is no collateral or lien securing your claim or b) you		a right of setoff)	our claim is secured by collateral (including		
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ir ciaim is	Brief description of	collateral		
UNSECURED PRIORITY CLAIM		Real Estate	_		
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral			
Amount entitled to priority \$			nd other charges <u>at time case filed</u> included in		
Specify the priority of the claim		secured claim if any			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Lin to \$2 225* of deposits toward	ard purchase lease or rental of property or		
Wages salanes or commissions (up to \$10 000)* earned within 180 days			r household use 11 U S C § 507(a)(7)		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		i i	vernmental units 11 U S C § 507(a)(8)		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)			agraph of 11 U S C § 507(a) ()		
			stment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment		
5 TOTAL AMOUNT OF CLAIM \$ 79,522 36 \$		\$	\$ 79.522 36		
AT TIME CASE FILED (unsecured)	(s	secured)	(pnority) (Total)		
Check this box if claim includes interest or other charges in addition to the					
6 CREDITS The amount of all payments on this claim has been cred			- ·		
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts contracts court judgments mortgages, security	<i>uments,</i> su agreemen	ich as promissory notes pur ts, and evidence of perfectio	chase orders invoices itemized statements of n of lien DO NOT SEND ORIGINAL		
DOCUMENTS If the documents are not available explain. If the c	documents	s are voluminous attach a su	ımmary		
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim		· · · · · · · · · · · · · · · · · · ·			
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	ı, prevailii	ng Pacific time, on Noveml	per 13, 2006 USE ONLY		
governmental units)	•				
BY MAIL TO BMC Group BMC Group USA CMC USA CMC					
Attn USACM Claims Docketing Center P O Box 911		ACM Claims Docketing Cente			
El Segundo CA 90245 0911		t Franklin Avenue do, CA 90245	1072500590		
DATE SIGN and print the name and title if any of the		other person authorized to file	50 50 DCI 1 6 2008		
OCTOBER 9, 2000 this claim (attach copy of power of attorned)		1 1042 1430->	FILED OCT 16 2006		
11 Amstra 111	NA L	L LOW WOOD			

UNITED STATES BANKRUPTCY COURT DISTRICT OF NE	EVADA (1	LAS VEGAS)	PROOF OF CLAIM	
Name of Debtor	Case Number			
USA Commercial Mortgage Company	0	6-10725LBR		
NOTE This form should not be used to make a claim for an administrative expense in the case. A "request for payment of an administrative expense in the case."				
Name of Creditor (The person or other entity to whom the debtor owes money or property)	els	eck box if you are aware that anyone e has filed a proof of claim relating to ur claim Attach copy of statement		
X-Factor Inc		ring particulars		
Name and address where notices should be sent c/o Scott D Fleming Esq Hale Lane Peek Dennison and Howard		eck box if you have never received any tices from the bankruptcy court in this ie		
3930 Howard Hughes Parkway 4th Floor Las Vegas Nevada 89169	ade	eck box if the address differs from the dress on the envelope sent to you by		
Telephone number 702 222 2500	the	court	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor Account ID 176	Check if this	<u> </u>	ously filed claim, dated	
1 Basis for Claim				
☐ Goods sold ☐ Services performed ☑ Money loaned	□ W La	etiree benefits as defined in 11 USC § 111 ages salaries and compensations (fill out bust four digits of SS#	pelow)	
Personal mjury/wrongful death Taxes	Unpaid compensations for services performed trom to (date)			
2 Date debt was incurred See Attachment A	3 If	court judgment, date obtained		
4 Classification of Claim Check the appropriate box or boxes the	nat best de	scribe your claim and state the amount of the	ne claim at the time case filed	
See reverse side for important explanations		Secured Claim		
Unsecured Nonpriority Claim \$ <u>Unknown (see Attachment A)</u>		Check this box if your claim is secur	ad by callatomi (maludina	
 a) Check this box if a) there is no collateral or lien securing your cl b) Your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority 		a right of setoff) Brief Description of Collateral	ed by consideral (including	
Unsecured Priority Claim		Real Estate Motor Vehicle		
Check this box if you have an unsecured claim all or part of wentitled to priority			t time case filed included in	
Amount entitled to priority		secured claim if any \$		
Specify the priority of the claim $\label{eq:continuous} \begin{tabular}{ll} \Box & Domestic support obligations under 11 U S C $ 507(a)(1)(A) \\ \end{tabular}$	or	Up to \$2 225* of deposits toward pui or services for personal family or ho § 507(a)(7)		
(a)(1)(B)		☐ Taxes or penalties owed to governme	ental units 11 U S C § 507(a)(8)	
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier — 11 U S C § 507(a)(4)	tor s	*Amounts are subject to adjustment of 4, with respect to cases commenced on or a	, ,	
Contributions to an employee benefit plan — 11 U S C § 507	(a)(5)			
5 Total Amount of Claim at Time Case Filed		\$ Unknown (secured)	(priority) \$ Unknow (Total)	
Check this box if claim includes interest or other charges in additional charges	tion to the	, , ,		
6 Credits The amount of all payments on this claim has been cr making this proof of claim			THIS SPACE IS FOR COURT USE ONLY	
7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of her DO NOT SEND ORIGINAL DOCUMENTS. If the			FILED	
documents are not available explain. If the documents are volu 8 Date Stamped Copy To receive an acknowledgement of the	immous a	ttach a summary	NOV 10 2006	
Date Sign and print the name and title if any	-64l-a	ditor or other person authorized to	1	

USA CMC 1072501283

file this claim (attach copy of power of attorney if any)

/s/ Scott D Fleming Esq

November 9 2006

		····
UNITED STATES BANKRUPTCY COURT PR DISTRICT OF NEVADA	OOF OF CLAIM	
Name of Debtor Case N	umber	
	10725 LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to	
Name of Creditor and Address	your claim Attach copy of statement giving particulars	
Luceron D. I Amai Trivitu		
Ewegory D. Yonan, Trustu 1982 Country Cove Ct. LV. NV 89135-1552	BMC Group in this case SE	O NOT FILE THIS PROOF OF CLAIM FOR A COURED INTEREST IN A BORROWER THAT IS NOT NE OF THE DEBTORS
	Check box if this address differs from the address on the	If you have already filed a proof of claim with the ankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (76)2 7.33 (444) Last four digits of account or other number by which creditor identifies debtor	Court	THIS SPACE IS FOR COURT USE ONLY
1978	Check here replaces or amends	a previously filed claim dated
	benefits as defined in 11 U S C	§ 1114(a) Unremitted principal
Services performed Taxes Last for	salanes and compensation (fill our digits of your SS#	Out below)
	compensation for services perfor	med from to
uon view i	OUDT HIDOUENT DATE OR	(date) (date)
2 DATE DEBT WAS INCURRED /0-30-06/8-26 06 3 IF 6 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc	COURT JUDGMENT, DATE OBT	
See reverse side for important explanations	SECURED CLAIM	o. are stanti at the time sace mea
UNSECURED NONPRIORITY CLAIM \$	7	claim is secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is		olaini io occurred by condition (molating
entitled to priority	Bnef description of co	llateral
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is	Real Estate	Motor Vehicle
entitled to priority	Value of Collateral	\$ UNKNOWN
Amount entitled to priority \$ Specify the priority of the claim	Amount of arrearage and o secured claim if any \$	other charges at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward	purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days		ousehold use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		nmental units - 11 U S C § 507(a)(B)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		aph of 11 U S C § 507(a) () ent on 4/1/07 and every 3 years thereafter
		on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 22,	896.16 \$	\$ 22,896.16
(unsecured)	` · · ·	priority) (Total)
Check this box if claim includes interest or other charges in addition to the principal	l amount of the claim Attach itemiz	ed statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and		
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , supporting accounts contracts court judgments mortgages security agreement DOCUMENTS If the documents are not available explain. If the documents	ts and evidence of perfection of	lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	your claim enclose a stamped s	elf-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporate	ng Pacific time on November 1	THIS SPACE FOR COURT 3, 2006 USE ONLY
governmental units) BY MAIL TO BMC Group BMC Gr	OR OVERNIGHT DELIVERY TO	
1		FILED OCT 2 5 2006
P O Box 911 1330 Ea	st Franklın Avenue	
	ndo CA 90245	-
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if any) William Mallia Delay	Delani Faul	rust USACMC
Penalty for presenting fraudulent claim is alfine of up to \$500 000 or imprisonment for up to		4) H X (1 X

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PR	OOF OF CLAIM				
Name of Debtor USA Communicul Mortgay Company 16-					
NOTE See Reverse for List of Debtors and Case Numbers	10725 LBR	0 / 0 5/ 100			
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arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	aware that anyone else has filed a proof of claim relating to				
Name of Creditor and Address	your claim Attach copy of statement giving particulars				
Evegory D Yoran, Trustu	Check box if you have never received any notices				
Every D. Yonan, Trustu 1982 Country Cove Ct.	from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS			
LV NV 89135-1352	Check box if this address differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again			
Creditor Telephone Number (1812 233 1444	court	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor 1978	Check here replace of this claim amend	a previously filed claim dated			
1 BASIS FOR CLAIM Retiree	benefits as defined in 11 U S (C § 1114(a) Unremitted principal			
Goods sold Personal injury/wrongful death Wages	salanes and compensation (f				
Last four	r digits of your SS #	(not for loan balances)			
Money loaned . Other (describe bnefly) Linnoid	compensation for services per	formed from to			
USA deducted for much Interest		(date) (date)			
	OURT JUDGMENT, DATE O				
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best described see reverse side for important explanations	ibe your claim and state the amou	nt of the claim at the time case filed			
UNSECURED NONPRIORITY CLAIM \$	SEGURED CLAIM				
Check this box if a) there is no collateral or lien securing your claim or b) your claim	Check this box if yo	ur claim is secured by collateral (including			
exceeds the value of the property securing it or if c) none or only part of your claim is	a right of setoff)				
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of	collateral			
Check this box if you have an unsecured claim all or part of which is	Real Estate	Motor Vehicle			
entitled to priority	Value of Collateral	\$ UNKNEWN			
Amount entitled to priority \$	Amount of arrearage an secured claim if any \$	d other charges at time case filed included in			
Demostro support obligations under 44 H C C C EST/OV/AVE)					
Wages salaries or commissions (up to \$10 000) earned within 180 days	Up to \$2 225 of deposits towar services for personal family or	d purchase lease or rental of property or household use 11 U.S.C. § 507(a)(7)			
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)		ernmental units 11 U S C § 507(a)(8)			
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	graph of 11 U S C § 507(a) () ment on 4/1/07 and every 3 years thereafter				
5 TOTAL AMOUNT OF CLAIM \$ \$ 22,	with respect to cases commend	ed on or after the date of adjustment			
AT TIME CASE FILED ——— • • • • • • • • • • • • • • • • •	076 // 3	(priority) (Total)			
Check this box if claim includes interest or other charges in addition to the principal		(,,			
6 CREDITS The amount of all payments on this claim has been credited and d	educted for the purpose of ma	iking this proof of claim			
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary					
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of y proof of claim	our claim enclose a stamped	self-addressed envelope and copy of this			
The original of this completed proof of claim form must be sent by mail of ACCEPTED) so that it is actually received on or before 5 00 pm prevailing for each person or entity (including individuals partnerships corporation	a Pacific time on November	13 2006 HRE ONLY			
governmental units) BY MAIL TO BY MAIN OR OVERNIGHT DELIVERY TO					
BMC Grow					
P O Box 911 1330 East					
El Segundo CA 90245-0911 El Segundo	lo CA 90245				
DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) USA CMC					
10/23/2006 QMGMA /KMM AVENTY	1 D Monastamiline	trust 111111111111111111111111111111111111			
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to		10 ⁷ 2500983			
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